

Can We Really Get our Patients to Change Unhealthy Behaviors?



UNITED STATES ARMY PUBLIC HEALTH COMMAND (Provisional)

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BRIEFING OUTLINE

PURPOSE: To improve knowledge base of attendees of how to achieve success for clients needing behavior change

Theories of Human Behavior:

- Classical & Operant Conditioning
- Behavior Modification
- Cognitive Behavior Therapy
- Stages of Change
- Motivational Interviewing

Key Concepts to Improve Permanence of Change

- Just-in-time Learning
- Humans Seek Attention
- Collaborative Goal Setting
- Reference List

First think, then communicate.

Understand determinants of behavior

Understand motivation for behavior

Willingness to commit resources for success

Listen to client

Begin with the end in mind, then keep it in mind

Collaborative goal-setting

Follow the science – use evidence based practice

Classical Conditioning

Gustav Pavlov and his early work with canines

Theory Stimulus Response or Stimulus Stimulus
Learn to associate new stimulus

Aversion therapy

Flooding

Systematic desensitization

A Clockwork Orange Alex conditioned to experience extreme N/V paired with violent acts

Operant Conditioning

BF Skinner, 1938 *Behavior of Organisms*
Edward Thorndike and John Watson expanded

Associative Learning – behavior shaped by
reinforcement or lack of it

Basis for all behavior modification

Positive Reinforcement – strengthen behavior

Negative Reinforcement – strengthen behavior

Punishment – weaken behavior

Extinction – weaken behavior

Behavior Modification

Edward Thorndike's 1911 article *Provisional Laws of Acquired Behavior or Learning*

Joseph Wolpe's research groups in 1940s-50s

Increase adaptive behavior through reinforcement

Decrease maladaptive behaviors through
extinction or punishment

Based on principles of learning

Operant learning

Respondent learning

Define problem in terms of behavior to be measured

Alter current environment to increase functioning

Behavior Modification

Functional behavioral assessment - context

ABC approach - antecedents, behaviors, consequences

Positive Reinforcement:

Compliments, approval, encouragement

Affirmation: 5 compliments to every 1 complaint

Extinction

Punishment:

Time-outs, contingency management

Positive Punishments - Not recommended unless board certified behavior analysis

Spray bottle of water as aversive event

Cognitive Behavior Therapy

Mental Health Counseling, psychotherapy

Increase awareness of inaccurate or negative
thinking

View more clearly

Respond in more effective manner

Learn coping techniques and ways to manage
emotions

Resolve relationship conflicts

**Manage pain, insomnia, or fatigue and some
mental illnesses**

Stages of Change

Prochaska (1980s) and DiClemente (3 decades)

Transtheoretical model (TTM) extensive use on smokers
Change process involving progress thru stages:
Precontemplation, contemplation, action,
maintenance, termination

Core constructs: stages of change, processes of change,
decisional balance and self-efficacy

Weigh pros and cons associated with consequences
Progression requires decisional balance and confidence

Motivational Interviewing

Latest in evolution for assessing and assisting patients for meaningful behavior change

Dr William R. Miller (1983) and Dr. Stephen Rollnick, pioneer work with **problem drinkers**

Client-centered, directed method for facilitating change

Helps explore and work through ambivalence

Avoid direct persuasion, use quiet eliciting style

Readiness to change not client trait, but fluctuating product of interpersonal interaction

Therapeutic relationship companionship/partnership

Key Concepts to Improve Permanence of Change: Just-in-Time Learning

Avoid information overload

Overview ok, save lengthy discussions for targeted interventions

Pair reinforcement at most effective moments

- Patient appointment reminder systems effective

- Significant events opportune time for intervention

- ARFORGEN cycle presents opportunities

Key Concepts to Improve Permanence of Change: Humans Seek Attention

Use power of attention to improve outcome
Clinician attention and praise powerful reinforcer

Design programs to provide reinforcement

Listen to client to select best methods, appropriate timing

Build in human reinforcement where ever possible

Celebrate success, acknowledge the struggle

Reference List

Key references, landmark studies

References include key targeted
disease/illness/behaviors

First learn well the evidence base, next the skill

Partner with those who achieve success

Commit to success = commit to resources

To answer the question, Can we really get our patients to change unhealthy behaviors?

By applying evidence based practice, and following the science, with sufficient resources, we can get our patients to change unhealthy behaviors!